

Registration District No. **149** Primary Registration District No. **1002**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 16 days
(Specify whether years, months or days)
 In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 2803 E 31st Street **8**
(If rural, give location)
 (e) Citizen of foreign country? YES (Yes or No) **1**
 If yes, name country GERMANY

3. (a) PRINT FULL NAME WALTER FRED⁶⁸ RICH, FROESE
3. (b) If veteran, name war none
3. (c) Social Security No. 443-22-2953

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 15
 year 1947 hour 11:45 minute P M.
21. I hereby certify that I attended the deceased from Mar 29,
 1947 to Apr 15, 1947
 that I last saw him alive on Apr 15
 and that death occurred on the date and hour stated above.

4. Sex Male **5. Color or race** White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife GERTRUDE Age of husband or wife if 66
HILL FROEBE alive — years
7. Birth date of deceased: December - 7 - 1876
(Month) (Day) (Year)

Immediate cause of death Myocardial infarction, severe with
paralysis of side of body. Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>4</u>	<u>8</u>	hr. min.

Due to _____
 Due to _____

9. Birthplace Berlin Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Real Estate - TULSA, OKLAHOMA

Other conditions Myocarditis with general
(Include pregnancy within 3 months of death) fibulation

11. Industry or business Retired BROKER
12. Name Friedrich H. FROEBE **4**
13. Birthplace Tilsit Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louisa NIRNOWN
15. Birthplace Wanzig Germany **4**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy None **93e**
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. R.E. Dixon
(b) Address 2644 E 30th Street
17. (a) REMOVAL (Burial, cremation, or removal) **(b) Date thereof** APR-17-1947
(Month) (Day) (Year)
(c) Place: burial or cremation Tulsa Oklahoma

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director O. H. Deissner's Sons
(b) Address 1401 BRUSH CREEK BLDG.
19. (a) 4-17-47 Heraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place) (c) Means of injury
23. Signature Paul E. Pearson (M. D. or other) MD
Address 1025 Rio 40 Bldg R.C. Mo. **Date signed** 4/16/47

Specials Body

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *E. Oscar Hestley*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.